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|  | Subclass | ISSUE CLASSIFICATION |
|  | Class    |                      |

PATENT NUMBER

# U.S. UTILITY PATENT APPLICATION

O.I.P.E.  
 TR  
 SCANNED *CHC4* G.A. *III*

PATENT DATE

|        |       |          |              |                  |
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| SECTOR | CLASS | SUBCLASS | ART UNIT     | EXAMINER         |
|        | 424   | 43.3     | 1651<br>1643 | 74551<br>AREMOVA |

FILED WITH: ☐ DISK (CRF) ☐ FICHE  
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## PREPARED AND APPROVED FOR ISSUE

### ISSUING CLASSIFICATION

| ORIGINAL                     |          | CROSS REFERENCE(S) |                                   |  |  |  |  |  |  |
|------------------------------|----------|--------------------|-----------------------------------|--|--|--|--|--|--|
| CLASS                        | SUBCLASS | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |  |
|                              |          |                    |                                   |  |  |  |  |  |  |
| INTERNATIONAL CLASSIFICATION |          |                    |                                   |  |  |  |  |  |  |
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|---|--|--|--|---|--|
| <input type="checkbox"/> <b>TERMINAL DISCLAIMER</b><br><br><input type="checkbox"/> a) The term of this patent subsequent to _____ (date) has been disclaimed.<br><br><input type="checkbox"/> b) The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____<br><br><input type="checkbox"/> c) The terminal _____ months of this patent have been disclaimed. | <b>DRAWINGS</b><br>Sheets Drwg.    Figs. Drwg.    Print Fig. |  |  | <b>CLAIMS ALLOWED</b><br>Total Claims    Print Claim for O.G. |  |
|   | _____ (Assistant Examiner)    _____ (Date)                   |  |  | <b>NOTICE OF ALLOWANCE MAILED</b><br>_____                    |  |
|   | _____ (Primary Examiner)    _____ (Date)                     |  |  | <b>ISSUE FEE</b><br>Amount Due    Date Paid                   |  |
|   | _____ (Legal Instruments Examiner)    _____ (Date)           |  |  | <b>ISSUE BATCH NUMBER</b><br>_____                            |  |

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